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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number _____ Filing Date _____

Applicant(s) *Formal*

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5		1				
6	1					
7		5				
8		6				
9		5				
10		5				
11		5				
12		5				
13		1				
14		5				
15		5				
16		5				
17		5				
18	1					
19		1				
20		2				
21		2				
22		2				
23		2				
24		2				
25		1				
26		5				
27		5				
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50						
Total Indep	6					
Total Depend	76					
Total Claims	82					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51	1					
52	2					
53		1				
54		1				
55		1				
56		1				
57		5				
58		6				
59		6				
60		5				
61		5				
62		5				
63		1				
64		5				
65		5				
66		5				
67		5				
68	1					
69		1				
70		2				
71		2				
72		2				
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75		1				
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Total Indep	6					
Total Depend	76					
Total Claims	82					

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